

2135

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

| PLACE OF BIRTH  |   | ARIZONA STATE BOARD OF HEALTH                                    |                                      |
|---|---|--|--------------------------------------|
| BUREAU OF VITAL STATISTICS  |   | State Index No. <b>168</b>                                       |                                      |
| County of <u>Gila</u>   | District of <u>mesa</u>                                 | ORIGINAL CERTIFICATE OF BIRTH                                    |                                      |
| Town of <u>Superior</u>   | or City of _____  | Co. Registrar's No. <u>258</u>                                   |                                      |
| (No. _____) St. _____ Ward _____  |   | Local Registrar's No. _____                                      |                                      |
| FULL NAME OF CHILD <u>Pedro Ramirez</u>   |   | Born   | YES                                  |
| If child is not named, make Supplemental Report on blank obtainable from local registrar. |   | Alive  | <u>NO</u>                            |
| Sex of Child <u>male</u>  | and { <u>9</u> } Number in order of birth               | Legitimate? <u>yes</u>   | Date of Birth <u>Apr - 24 - 1921</u> |
| Full Name <u>Rosario Ramirez</u>  | FATHER  | Full Maiden Name <u>Juana Lopez</u>                              | MOTHER                               |
| Residence <u>Superior Ariz</u>  |   | Residence <u>Superior</u>  |                                      |
| Color <u>white</u>  | Age at last Birthday <u>45</u> Years                    | Color <u>white</u>   | Age at last Birthday <u>43</u> Years |
| Birthplace <u>Mexico</u>  | Occupation <u>Laborer</u>                               | Birthplace <u>Mexico</u>   | Occupation <u>Housewife</u>          |
| Number of child of this Mother <u>9</u>   | Number of Children, of this mother, now living <u>5</u> | Were precautions taken against Ophthalmia neonatorum? <u>yes</u> |                                      |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on 4/24/1921, at 11 P.M.

\*When there is no attending physician or midwife, then the householder should make this return.

Signature D. H. Slaughter  
Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_

Address Superior799-424-179  
COUNTY REGISTRAR.Filed Apr 28 1921  
Filed 5/1 1921

A True Copy

B. W. Hardy  
LOCAL REGISTRAR.  
B. G. Fox  
COUNTY REGISTRAR.